

## CLAIM DETAILS

**Tracking Number:** 2291-A36-724-C53

**Filed on:** November 21, 2022

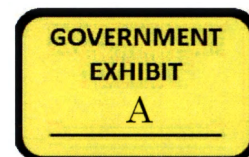
**Claimant:** Perry, Donyele

**Filed By:** Brewer, Meredith

### Documents included:

- \* Standard Online Claim Form
- \* Certificate of Registration & Sale Receipts - Exhibit\_Asset No 22-DEA-687926.pdf
- \* Sworn Notice of Representation - Notice Letter ID 388135 Sworn Notice of Rep.pdf
- \* Signed Claim - Notice Letter ID 388135 Signed Claim.pdf

11/21/2022





## CLAIM FORM

**YOU MUST COMPLETE ALL PARTS OF THIS FORM FOR THE ASSETS YOU ARE CLAIMING.**

**Note:** There is no legal form or format required for filing a claim; this document is provided for your convenience. Please visit <https://www.forfeiture.gov/FilingClaim.htm> for more specific guidance on filing your claim with the appropriate seizing agency.

**Frivolous Claim Statement:** If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.

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## **SECTION I - CONTACT INFORMATION**

<b>CLAIMANT INFORMATION</b>	
<b>Claimant/Contact Name: (Last, First)</b> Perry, Donyele	
<b>Business/Institution Name: (if applicable)</b> 223 EXOTICSBSN DIOR, dba Zoe Dior Kennels, LLC	<b>Prisoner ID: (if applicable)</b>
<b>Address: (Include Street, City, State, and Zip Code)</b> 131 Pearson Lane Henderson, NC 27537	
<b>Social Security Number/Tax Identification Number: (Enter N/A if you do not have one)</b> Redacted 7320	
<b>Phone: (optional)</b>	<b>Email: (optional)</b>
<b>ATTORNEY INFORMATION (if applicable)</b>	
<b>Attorney Name: (Last, First)</b> Brewer, Meredith	
<b>Attorney Title:</b>	
<b>Firm Name: (if applicable)</b> Dysart Willis, PLLC	
<b>Attorney Address: (Include Street, City, State, and Zip Code)</b> 530 Hillsborough Street Suite 200 Raleigh, NC 27603	
<b>Are you an attorney filing this claim on behalf of your client?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Attorney Phone: (optional)</b> (919) 747-8380	<b>Attorney Email: (optional)</b> brewer@dysartwillis.com

*If any of this information changes, you are responsible for notifying the agency of the new information.*

## **SECTION II - ASSET LIST**

*List each asset ID and asset description that you are claiming.*

#	Asset ID	Asset Description
1	22-DEA-687926	\$53,624.00 U.S. Currency, SN: **** seized by the DEA on January 28, 2022 in Henderson, NC.

### **SECTION III - INTEREST IN PROPERTY**

*Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.*

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**In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:**

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**In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.**

\* Certificate of Registration & Sale Receipts - Exhibit\_Asset No 22-DEA-687926.pdf

## **SECTION IV - RECOVERY OF LOSS**

No Recovery of Loss exists.

## **SECTION V - DECLARATION AND REPRESENTATION**

*The following declaration must be completed by the claimant.*

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

Claim electronically signed by the attorney for the claimant

**Signature**

Perry, Donyele

**Printed Name**

11/21/22

**Date**

### **Sworn Notice of Representation**

*This section must be completed only by claimants who are represented by an attorney.*

I have retained the above-named attorney to represent me in this matter. I have reviewed the foregoing claim and found that its contents are accurate to the best of my information and belief. I declare under penalty of perjury that the foregoing information is true and correct.

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The Next Generation of Pedigrees  
**US Bully Registry Office**

Temecula, California ~ Established 2013

**Official Certificate of  
Permanent Registration**

Certification of registration for the Breed files of the US Bully registry office

*Name as* **223 EXOTICSBSN DIOR**

*USBR No.* **177480-06**

*Other Reg Nos.*

*Birthdate* **11/05/2021**

*Breed* **AMERICAN BULLY**

*Sex* **FEMALE**

*Color* **CHOCOLATE**

*Tattoo or Microchip No.*

The Owner On Record is **DONYELE PERRY**  
**131 PEARSON LN**  
**HENDERSON, NC 27537**



*The parents' names and Championship title(s) shown are current as of the issuance of this Certificate and signed by the Registrar on this 28th day of June, 2022*

*Ed S. Shepherd*

Founder, US Bully Registry

*Ben Ch...*

President, US Bully Registry

USBR is the registered trademark of the Bully Registry Inc.

890757

Donale Sold

CUSTOMER'S ORDER NO.		DATE	
		1-12-22	
NAME			
Shay			
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
	<input checked="" type="checkbox"/>		
ON ACCT.	MOSE. RETD.	PAID OUT	
		<input checked="" type="checkbox"/>	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Male Puppy		
2	Bully	3,000.00	
3	Down payment		
4			
5			
6	Owed →	5,000.00	
7			
8	W.C.		
9		1,500.00	
10			
11	Payed Bull 1-24	3,500.00	
12		8,000.00	
RECEIVED BY			
Zoe Diarkennals			
KEEP THIS SLIP FOR REFERENCE			

890757

Donale Sold

CUSTOMER'S ORDER NO.		DATE	
		1-12-22	
NAME			
Troye			
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
	<input checked="" type="checkbox"/>		
ON ACCT.	MOSE. RETD.	PAID OUT	
		<input checked="" type="checkbox"/>	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Female Puppy		
2	Bully		
3	Down payment	1,500.00	
4			
5		1-20	2,500.00
6			
7			
8	Owed	3,500.00	
9	Pay full 1-2		
10		7,500.00	
11			
12			
RECEIVED BY			
Zoe Diarkennals			
KEEP THIS SLIP FOR REFERENCE			

890757

Donale Sold

CUSTOMER'S ORDER NO.		DATE	
		12-1-21	
NAME			
Shawn			
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
	<input checked="" type="checkbox"/>		
ON ACCT.	MOSE. RETD.	PAID OUT	
		<input checked="" type="checkbox"/>	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	male bully down payment		
2	Puppy	5,000.00	
3			
4	Owed →	3,500.00	
5			
6		8,500.00	
7			
8	Pay Bull 12-24	2,500.00	
9			
10			
11	Payed 12-10	1,000.00	
12			
RECEIVED BY			
Zoe Diarkennals			
KEEP THIS SLIP FOR REFERENCE			

890757

Donale Sold

CUSTOMER'S ORDER NO.		DATE	
		11-15-21	
NAME			
Alexis			
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
	<input checked="" type="checkbox"/>		
ON ACCT.	MOSE. RETD.	PAID OUT	
		<input checked="" type="checkbox"/>	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	male Bully	3,500.00	
2	Puppy		
3	Down payment 11-20	1,000.00	
4		11-20	1,000.00
5			
6		5,500.00	
7			
8	Payed Bull	2,500.00	
9			
10		11-30	8,000.00
11			
12			
RECEIVED BY			
Zoe Diarkennals			
KEEP THIS SLIP FOR REFERENCE			



8947

Don'tele Sold

CUSTOMER'S ORDER NO. DATE 11-5-21

NAME Willie

ADDRESS

CITY, STATE, ZIP

SOLD BY ☒ CASH ☐ C.O.D. ☐ CHARGE ☐ ON ACCT. ☐ MOSE. RETD. ☒ PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	male puppy	5,000.00	
2	Down payment Bully		
3			
4	Vet Fee	488.00	
5			
6			
7	Owed →	3,488.00	
8			
9			
10	Partial 11-20-21	8,488.00	
11	Full		
12			

RECEIVED BY Zoec Dior Kennels

KEEP THIS SLIP FOR REFERENCE

8947

Don'tele Sold

CUSTOMER'S ORDER NO. DATE 10-20-21

NAME Ned

ADDRESS

CITY, STATE, ZIP

SOLD BY ☒ CASH ☐ C.O.D. ☐ CHARGE ☐ ON ACCT. ☐ MOSE. RETD. ☒ PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Female puppy	3,500.00	
2	Bully	2,000.00	
3			
4	Bal	5,500.00	
5	Owed →	2,000.00	
6			
7		7,500.00	
8			
9	Partial out		
10	10-30-21		
11			
12			

RECEIVED BY Zoec Dior Kennels

KEEP THIS SLIP FOR REFERENCE

8947

Don'tele

CUSTOMER'S ORDER NO. DATE 6-5-21

NAME miki

ADDRESS

CITY, STATE, ZIP

SOLD BY ☒ CASH ☐ C.O.D. ☐ CHARGE ☐ ON ACCT. ☐ MOSE. RETD. ☒ PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	male Bully		
2	puppy	4,000.00	
3			
4	Pay full owed	4,000.00	
5			
6		8,000.00	
7	10-20-21		
8			
9			
10			
11			
12			

RECEIVED BY Zoec Dior Kennels

KEEP THIS SLIP FOR REFERENCE

8947

Don'tele Sold

CUSTOMER'S ORDER NO. DATE 4-30-21

NAME Sed

ADDRESS

CITY, STATE, ZIP

SOLD BY ☒ CASH ☐ C.O.D. ☐ CHARGE ☐ ON ACCT. ☐ MOSE. RETD. ☒ PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Girl Bully		
2	Puppy		
3			
4	Down →	3,500.00	
5			
6			
7	Owed	4,000.00	
8			
9	5-2-21	7,500.00	
10			
11			
12	Partial Full		

RECEIVED BY Zoec Dior Kennels

KEEP THIS SLIP FOR REFERENCE



8907

Donyle sold

CUSTOMER'S ORDER NO.	DATE 2-21-21
NAME Parker	
ADDRESS	
CITY, STATE, ZIP	

SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Down payment	2,500	no
2			
3	Payment Left	5,000	no
4			
5			
6			
7			
8	Payed	7,500	no
9			
10	Girl		
11	Bully Pappy		
12			

RECEIVED BY Zoe Diorkennels
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## CLAIM FORM

**YOU MUST COMPLETE ALL PARTS OF THIS FORM FOR THE ASSETS YOU ARE CLAIMING.**

**Note:** There is no legal form or format required for filing a claim; this document is provided for your convenience. Please visit <https://www.forfeiture.gov/FilingClaim.htm> for more specific guidance on filing your claim with the appropriate seizing agency.

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<b>Social Security Number/Tax Identification Number:</b> (Enter N/A if you do not have one) Redacted 7320	
<b>Phone:</b> (optional)	<b>Email:</b> (optional)
ATTORNEY INFORMATION (if applicable)	
<b>Attorney Name:</b> (Last, First) Brewer, Meredith	
<b>Attorney Title:</b>	
<b>Firm Name:</b> (if applicable) Dysart Willis, PLLC	
<b>Attorney Address:</b> (Include Street, City, State, and Zip Code) 530 Hillsborough Street Suite 200 Raleigh, NC 27603	
<b>Are you an attorney filing this claim on behalf of your client?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Attorney Phone:</b> (optional) (919) 747-8380	<b>Attorney Email:</b> (optional) brewer@dysartwillis.com

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## SECTION II - ASSET LIST

*List each asset ID and asset description that you are claiming.*

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#### **SECTION IV - RECOVERY OF LOSS**

No Recovery of Loss exists.

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*The following declaration must be completed by the claimant.*

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Signature

Perry, Donyele

Printed Name

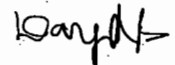
11 / 21 / 2022

Date

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Printed Name

11 / 21 / 2022

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**Attached Document List:**

<b>Title</b>	Hello
<b>File name</b>	1669064146-REVISE...laim_D._Perry.pdf
<b>Document ID</b>	f73285695957af363d4b278e8ff8c196079d5f44
<b>Audit trail date format</b>	MM / DD / YYYY
<b>Status</b>	• Signed

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This document was requested on [cedysart.cliogrow.com](https://cedysart.cliogrow.com) and signed on [cedysart.cliogrow.com](https://cedysart.cliogrow.com)

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## Document History



SENT

**11 / 21 / 2022**

20:56:31 UTC

Sent for signature to Donyele Perry ([diorzoe99@gmail.com](mailto:diorzoe99@gmail.com))  
from [brewer@dysartwillis.com](mailto:brewer@dysartwillis.com)  
IP: 24.206.39.114



VIEWED

**11 / 21 / 2022**

21:25:52 UTC

Viewed by Donyele Perry ([diorzoe99@gmail.com](mailto:diorzoe99@gmail.com))  
IP: 172.58.155.139



SIGNED

**11 / 21 / 2022**

21:27:56 UTC

Signed by Donyele Perry ([diorzoe99@gmail.com](mailto:diorzoe99@gmail.com))  
IP: 172.58.159.184



COMPLETED

**11 / 21 / 2022**

21:27:56 UTC

The document has been completed.



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<b>Phone:</b> (optional)	<b>Email:</b> (optional)
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<b>Attorney Title:</b>	
<b>Firm Name:</b> (if applicable) Dysart Willis, PLLC	
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<b>Are you an attorney filing this claim on behalf of your client?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Perry, Donyele

**Printed Name**

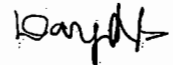
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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Perry, Donyele

**Printed Name**

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<b>File name</b>	1669064146-REVISE...laim_D._Perry.pdf
<b>Document ID</b>	f73285695957af363d4b278e8ff8c196079d5f44
<b>Audit trail date format</b>	MM / DD / YYYY
<b>Status</b>	• Signed

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